



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000001195		
1. Entity Name LATIN AMERICAN HEALTH VENTURES, LLC		
Principal Place of Business 3211 PONCE DE LEON BLVD. SUITE 207 CORAL GABLES, FL 33134	Mailing Address 3211 PONCE DE LEON BLVD SUITE 207 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARMONA, MIGUEL 3211 PONCE DE LEON BLVD. SUITE 207 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMONA, MIGUEL 3211 PONCE DE LEON BLVD. SUITE 207 CORAL GABLES, FL 33134	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 1/22/07 Daytime Phone #: 305-443-0953



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
43-1992169

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required